Sample 837 Scenarios

The sample scenarios are for test and education purposes. The information is test data and does not represent actual insurance carriers, employers, injured employees, or health care providers. The information may appear to be real or confidential information. However, this is done in order to ensure the test data passes validation edits.

TX 837 – Scenario 8 Institutional Outpatient Multiple Surgery

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Arlington, TX 62309. Her telephone number is (703) 836-5527 and social security number is 224-17-3272.

Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, TX 62314. Bagels, Etc.'s telephone number is (703) 472-1462.

Bagels, Etc. is covered by WorkComp Insurance Company under policy number 147643A472. WorkComp Insurance Company is located at 789 Airport Road in Austin. TX 60606-1234. Their telephone number is (312) 555-1470 and their FEIN is 98-7654321.

- On 05/10/04 Darlene slipped on a banana peel at Bagels, Etc. She was taken to Southpark Memorial Hospital where she was treated for a left forearm laceration and right tibia fracture then released. The admitting surgeon was Dr. Greg Sawbones, license MDD6895TX.
- On 05/16/04 Southpark Memorial Hospital sent a bill to WorkComp Insurance Company covering treatment and services for Darlene's injury with charges totaling \$18325.00:

0	Surgery	4500.00
0	Surgery	4400.00
0	Anesthesia	2750.00
0	Recovery Room	1545.00
0	Laboratory	130.00
0	Prosthetic/Orthotic	5000.00

- On 05/18/2004 WorkComp Insurance Company received the bill.
- On 05/20/04 WorkComp Insurance Company sent a total payment of \$9265.00 and an EOB to Southpark Memorial Hospital:

0	Surgery	3500.00, using ARC W10
0	Surgery	1700.00, using ARC W10
0	Anesthesia	500.00, using ARC W10
0	Recovery Room	0.00, using ARC 97
0	Laboratory	65.00, using ARC W10
0	Prosthetic/Orthotic	3500.00, using ARC W10

WorkComp Insurance Company is required to report all medical bill payment information to the Texas Workers' Compensation Commission (TWCC) within 30 days of payments made.

 On 06/01/04 WorkComp Insurance Company sent a transaction to TWCC covering the reporting period of 05/01/04 to 05/30/04. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 111123.

88			2						o natica	NT CONTROL NO		OVED OMB N	O.0938-0279 4TYPE
3	rk Memorial Hospital		ľ						3 PALIE	NI CONTROLNO			4TYPE OF BILL
·	Medical Dr.			as	TATEMENT /	YWEDS DE	aron			5010			131
11	n, TX 62034		5 FED. TAX NO.		TATEMENT O			7COVID.	BINHCID.	9 CH D. 10	L-R.D. 11		
703-695			65897	4523 0. 13 PATIENT ADDRESS	5/10/2004	05/10	/2004						
,,					·	A1.i	TX	7 (220)	0				
	on, Darlene	ADMISSION		5720 Green D			gton, 12	X 6230	9	CONDITION	DOES	31	
14 BIRTHDATE	E 13 SEA 10 NG 17 DATE	18 HR 19 TY	LE WISH	D HR 22 STAT 23 MED	ICAL RECORD	ND.		24	25			9 30	
06/04/6		2.00		00 01	130	6201	Maria Indiana	ar.					
32 OCCU		34 OCCURRE CODE DA	NCE 35 CO	OCCURRENCE DATE	36 000E	FROM	RRENCE SR	THROUGH	À				
a 04 05	/10/04								В				
b					Щ.				c				- accept
WorkCo	omp Insurance Company				- 1	39 CODE ■	VALUE CO	6608 6608	40 CODE	VALUE CO	DES 41 DUNT CODE	YALU	E CODES AMOUNT
	port Road				a			:					
	TX 60606-1234				b								
Austin,	1X 00000-1254				С	\perp		_:_	\perp		:		:_
					d	Щ.		<u> </u>			<u>; </u>		
42 REV. CD.	43 DESCRIPTION		441	HCPCS / RATES	45 SERV. I	MTE 46	SERV. UNIT:	S 47	TOTAL CHA		48 NON-DOVE	RED CHARGES	49
1 274	Prosthetic Orthotic			L8699			1			5000 <mark>°</mark> 00			
2 300	Laboratory			81000 -27			1			130- 00			
3 360	Surgery			27752			1			4500.00			
4 360	Surgery			27635 51 59			1			4400 00			
370	Anesthesia			01820			1			2750 00		_ :	
710	Recovery Room			29999			1			1545:00			
7 / 10	Receivery Robin			<u> </u>			1					:	
8													
9										:		:	
0													
1										:		:	
2													
3										•		•	
4													
5					_					•			
6												•	
7					_								
8												- :	
9					_					•		•	
1													
2 001									15	3325 • 00		•	
3									10			•	
co poutro	<u> </u>		ra pposinen	NO.	ni REL as	IASS 14 PRIOR	on marrier		re ent u	ACURE CUE	1		_
50 PAYER			51 PROVIDER	NU.	INFO	igg 14 PRIOR	CP AYMENT	<u> </u>	55 EST. AV	ACUNT DUE	56		
4													
3					111			•					
`								: -	—	<u>:</u>			
57			DU	IE FROM PA	TIENT	<u> </u>							
58 INSUREDS	SNAME		59 P. REL 60 C	ERT - SSN - HIC ID N	D.		61 GR OU	PNAVE		62	INSURANCE GRO	JUPNO.	
4			2.	24-17-3272									
3[
-													
63TREATMEN	NT AUTHORIZATION CODES 64	ESC 65 EMPLOYE	RNWE			36 E1	MPLO YERL	OCATION					
4 654189	1	Bagels,	Etc.			2	34 Mair	n Street					
3								n, TX					
							0.01						
67 PRIN. DIAG	03 0/02 03 00/02	7000	Œ :	71 CODE 72 DO	DE.	73 C O DE	74	CODE	75 D	ODE	6 ADM, DIAG, CD.	77 E-CODE	78
823.80	881.00										823.80		
79 P.C. 80	PRINCIPAL PROCEDURE 81	COIDE PR	OCEDURE DATE	CODE	ER PROCEDUR	TATE TATE	82 ATT	ENDING PHY	/S. ID				
	79.2 05/10/04	Α		В			Sawbones, Greg, MDD6895TX						
	CODE OTHER PROCEDURE DATE	COO ^C THERP	OCEDURE DATE	OTT. CIT.	ERPROCEDUR	E.	-	ER PHYS. C			A		
	C	D	LAIE	- CALE		SHC	-			MDD987	4TX		
84 REMARKS								Roberts, Roberta, MDD9874TX					
b											В		
							BS PRO	MDER REP	RESENTATIV	E		96 D	
d							X						5/16/04